



GRADUATE TRAINEE INTERVIEW

Name: _____

First

Last

Date of interview: _____ Graduation Date: month _____ Year _____

Sex: ☐ Male ☐ Female

Age: ☐ 18 – 24 ☐ 25 – 34 ☐ 35 – 50 ☐ 50+

Ethnicity: ☐ White ☐ African American ☐ Native American ☐ Hispanic ☐ Other: _____

Classification per NCDOT records (from spreadsheet): _____

Training beginning date: month _____ year _____

Length of time on the job: ☐ Less than 6 months ☐ 6 months or more

Contractor: _____

Name of your Supervisor: _____

Job Site: _____

1. Are you applying your skills and knowledge that you learned during your training? ☐ Yes ☐ No

2. Did you receive a graduation certificate from your employer? ☐ Yes ☐ No

3. Did you receive a graduation certificate from NCDOT? ☐ Yes ☐ No

3. Are you satisfied with the training you received from your employer? ☐ Yes ☐ No

4. Has the OJT Program benefited you personally? ☐ Yes ☐ No

*If yes, which one is the most important to you?

To plan and become more organized with your time

To build and develop relationships with others

To build and gain self confidence

5. Did you receive the training in accordance with your job classification? ☐ Yes ☐ No

7. Would you recommend the OJT program to your co-workers? ☐ Yes ☐ No

8. What advice would you give a new trainee, who has just entered the OJT program?

9. Has it been beneficial for you to meet with an OJT representative during your training? ☐ Yes ☐ No

10. Do you have any comments or suggestions about the OJT program?

Trainee Signature: _____

OJT Representative Signature: _____